

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002927

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 390 Primary Registration District No. _____ Registrar's No. 12

FILED FEB 6 1963

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived: If Institution: Residence before admission) a. STATE <u>Tennessee</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fort Leonard Wood</u>		c. CITY OR TOWN <u>Clarksville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1318 Vine Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Murice</u> Middle <u>Lardale</u> Last <u>Blake</u>		4. DATE OF DEATH Month <u>January</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negroid</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>18 Mar 60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N/A</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N/A</u>	11. BIRTHPLACE (City and state or country) <u>Bad Hersfeld, Germany</u>
13a. FATHER'S NAME <u>Roosevelt Blake</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred A. Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>N/A</u>	
17. INFORMANT <u>Roosevelt Blake, Ft Leonard Wood, Mo</u>		14. NAME OF HUSBAND OR WIFE <u>N/A</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subdural Hematoma</u> DUE TO (b) <u>Trauma</u> DUE TO (c) <u>Platybasia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell down stairs at home</u>	
20c. TIME OF INJURY Hour <u>12:15</u> p.m. Month, Day, Year <u>Jan 24 63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Ft Leonard Wood</u>	
20g. COUNTY <u>Pulaski</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>24 January 63</u> to <u>24 January 63</u> and last saw her/him alive on <u>Never</u> Death occurred at <u>dead on arrival</u> <u>12:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Julian C. Wallace, Capt, MC</u>		22b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>	
22c. DATE SIGNED <u>24 Jan 63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-28-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Post Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ft. Leonard Pulaski, MO</u>
24. FUNERAL DIRECTOR <u>MOSS-WILLIAMS Waynesville, MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-28-63</u>	
		26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Clarence Thos

Licensed Embalmer No. 4896

P. O. Address WAYNESVILLE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.